STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921 July 5,1927	Run over by street car Peritonitis	1 week ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

MEDICAL CERTIFICATE OF DEATH (Year) I attended deceased from end related causes of importance Date of enset 23. If death was due to externel causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any wey related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	400	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BY TAU VIE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE C	F MARYLAND	CERTIFICATE OF DEATH
reolens	<u> </u>	Registration Dist. No. / 2/-
Freder	"idual the Corpor	No headered City Washile St., Wa [I death occurred in a horpital or institution, give its NAME instead of street and number)
in city or town where	death occurredyrsmo	os. ds. How long In U.S. if of foreign birth? yrs. mos.
0.202 1	(Usual place of ahode)	St., Ward. If nonresident give effy or town and State
AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mort (Month) (Day) (Year)
divorced	1 Cecil	22. HEREBY CERTIFY, That I ettended deceased for 1931, to 2007 Ce 1931
, day, end yeer) 3	-9- 1808	I last saw h alive on Nov 6 ,1931; death is a
3 Months	Days If LESS than 1 dey, hrs ormin.	to heve occurred on the date steted above, et 3 0 m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
or particular one, as SPINNER, (KEEPER, etc.	Mechanic	Brain aboces
as SILK MILL, NK, etc	intomobile	(multiple)
t worked at (month and 4-19	11. Total time (years) spant in this occupation	
own) Fred	erior Co	Other Contributory Causes of importance: Frontal Bone
m H B	angher	fallowing accident
or town) The	my Co,	Name of operation Treple Date of Oct 2 3 What test confirmed diagnoss? Was there an autopsy 70
Mary El	Jahek Banghan	23. If death was due to external causes (VIOLENCE) fill in also the following:
or town)#	clerich Co	Accident, suicide, or homicide?
Osean H	Bangher	Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
OR REMOVAL M	21- Prospect	Manner of injury Street in Head by Hamme
and S	Date 1 193/	24. Was disease or injury in any way releted to occupation or deceased?
20	ederick md,	If so, specify S D
192/8ba	meaule Registrar.	(Signed) Frederick mil
If more	blanks are needed, address State Registra	M, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A A E			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones - G	Ma) 1,1923	Gastroenteritis	1 year
10,2	12		

PLACE OF DEATH	13105 STATE OF MARYLAND
County Inderes	CERTIFICATE OF DEATH
(82	Registration Dist. No./37
6114	Registration Dist, No. 1
Village or City Owelly rowel (No.	St: Ward) (If death occurred in a hospital or institu-
A.D. A 13.	tion also lies NAME in
2 FULL NAME John D. Bea.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH Now 9th 1931
male There or DIVORCED	100 7", 1921
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 A HEREBY CERTIFY, That Lattended the deceased from
DER 30 1851	1921. to 100, 9, 1931,
(Month) (Day) (Year)	that I last saw h welive on how 9th 1931
7 AGE IIFLESS than	and that death occurred on the date stated above, at 9.30 P. m.
May bre	The CAUSE OF DEATH * was as follows:
/ 9 yrs. / 0 mos. 9 ds. or min.?	Company of person was as tonows:
2 OCCUPATION	Gerebral Thrombus
(a) Trade, profession or Ritraed Farmes	Coar a cycromogacy
(b) General nature of industry	**************************************
business, or establishment in	(Duration) yrs. mos / 6 de.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
7700	yrsmos,ds,
10 NAME OF A REPORTED TO	(Signed) Otis 13, Slow M.D.
FATHER John Deard	nov 11 1921 (Address) Aberty lower
OF FATHER	
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Sarah Local	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of death yrsds. State yrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
2 2- 11: 0	Former or
(Informant) Ms Mollie Garven	usual residence
Francisco Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Union Chapel Cemetry nov 12, 19 21
15 m - 11 31 9/ (())	20 UNDERTAKER APPRESS
Filed//// 192/ /r. O. C. Registrar	mrs K. G. Pulman Stalkerwill
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
TO THIS CALLET MAN THE PROPERTY OF THE PARTY	, =

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more previous from laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(E.haustion," "Heart laugue," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 13106
1. PLACE OF DEATH	, ,
County Frequets.	Registration Dist. No. 130
Village or City Leme Keln	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Mr. Maria	Bell
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 20, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	22
(or) WIFE of Joseph, Bell	22. I HEREBY CERTIFY, That I attended decessed from 1930, to 1000 20, 193/
6. DATE OF BURTH (month, day, and year) Sept 21, 1856	I last saw h. e.Y. alive on How 18, 1931; death is seid
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 11,55Pm
47.5 1 2 9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or parlicular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Servery
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end	astorbosclesions 1920
SAW MILL, BANK, etc.	77.3
O 10. Date deceased last worked et this occupation (month end year) year)	
Mariland	Other Coatributory Causes of importance;
12. BtRTHPLACE (city or town) (State accountry)	Hyperleusion 1900
E Cartar	
[4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Alas Ohiosus	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
I	23. If death wes due to external causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide?
State or country)	Where did Injury occur?
Ratio R Slaward	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, of the Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hopeland Dato Nov. 23, 1931	Nature of injury
19. UNDERTAKER M. R. alchison & San	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Frederick, Ma	If so, apecify f f f f
20, FILED 20 21, 1931 Junk) ruly	(Signed) Sumuel C., Hope, M.D.
Registrar.	(Address) Adamstown Md.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

S. No.

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

5. Slusher.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs,. For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Houselaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer. (b) Collon without more precise specification as Day (b) Automobile foctory. The material (a) the kind of work and also (b) the mill; (a) Salesmon. (b) Laborer--Coal mine, etc. Womnot gainfully em-Grocery;

Strictment of Cause of Death—Name, first, the DISEAN CAUSE OF DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the Injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.) / "Dropsy," ("Exhaustion," "Heart failure," "Hiemorrhoge," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiby Committee on Chronic valvular heart disease; etc. The contributory Nomenclature of the

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BUREAU

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING IMK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	13109
county Fulderick,	Registration Dist. No. 137
Village or City Liberty toron	No. St, Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME arrive Britler	
	Oh Wood
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Not = S = 193 / (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Classes Butter,	22. July 15 1931, to Now 1931
6. DATE OF BIRTH (month, day, and year) / 356 - 6 - 10 7. AGE Years Months Days If LESS than 1 day, hrs. or	to have occurred on the date stated above, at 3 dim. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
kind of work done, as SPINNER, CA Trocks SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL.	Deseate 1920
SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	Dther Contributary Causes of importance:
(State or country)	
13. NAME Strother Thomas	
13. NAME Strother House (City or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Cleinda Moore,	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME (leinda Moore), 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Reuben Butler, (Address) 7. F. D. Uman Bridge Wed.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hood dville fractatore Now. 10 = 19.31.	Manner of injury
19. UNDERTAKER 6.M. Walt, (Address) Wingfield Hed.	24. Was disease er injury in any way related to occupation of deceased? No.
20. FILED 1. 9., 1931 MA, Curfue ace Registrar. If more blanks are needed, address State Registrar.	(Signed) Mur Marbet Md M. D. (Address) Number M. D. (Address) Number M. D. (Address) M.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	ornorate Miles
County trederick	Registration Dist. No.
Village or City Frederick	ND 7 48 6, 1 th St., Ward
Length of residence in city or town where death occurred 15 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number)
m. to at the	ds. How long in 503. If of folergin british
2. FULL NAME Martin qui	a cutem
(a) Residence: No. The (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the worth)	21. DATE OF DEATH)
5a. If married, widowed, or divorcad HUSBAND of	0.1155557.6555157.4
(or) WIFE of Mary 6, Celen	22. CLI HEREBY CERTIFY hat I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 29- 1868	I last saw h War alive on Oet . 27 1934 : death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
63 / 4 1 day,hrs.	THE RINCH AL CAUSE OF BEATH and related Causes of Importanta
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, Calver SAWYER, BOOKKEEPER, etc	llegina le tous
9. Industry or business in which work was done, as SILK MILL,	,
SAW MILL, BANK, etc. 11. Total time (years)	1
this occupation (month and suph 1/3) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:
(State or country)	Minie flyour detr
I 13. NAME Facoh Clem	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cima C Marlin	23. If death was dua to axternal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAD Mary & Celery (Address) 2486, 7486, 7486, 1486	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Place Date Date 195/	Natura of Injury
19. UNDERTAKER A. C.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 9- Neuden 31 Dof melule	(Signed) Ledeur M.
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PERRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH . 0	13111
county Frederick	Registration Dist. No. (37
Village or City Stale Sana Lorus	MNo. St., Ward
(if Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How-long in U.S. if of foreign birth?
2. FULL NAME Milarea F Wol	L Colonia
(a) Residence: No. O comorse	isite was let an center Co Mad
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH VALL 3 ()
Simal while married.	(Month) (Day) (Year)
Sa. If married, widowed, or divorced	22. , I HEREBY CERTIFY. That I attended deceased from
(Or) WIFE OF Sulas Colona	0 ct 5 1931 to Nov 30 1931
6. DATE OF BIRTH (month, day, and year) & ec 15, 1908	i last saw h. 21 alive on Nov 29 , 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$2.30 A.m.
22 11 15 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	P A Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Vulmonary Inducators 6 915
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and control of the property of the prop	J 290.
10. Date deceased last worked at this occupation (month and AAA 6, 192) 11. Total time (years) 3	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	dure contractory causes of importance.
(State or country)	
13. NAME Edgar Wolf. 14. BIRTHPLACE (city or town). (5) and Ma.	
4 14. BIRTHPLACE (city or town) (3) orkland Md.	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? X-ray Vos. Symwas there an au opsy? Wo
15. MAIDEN NAME Welly Kovey 16. BIRTHPLACE (city or town) - A.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT CALC CASA A TARVINA VICE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place to Cumple Word huppy with	Nature of injury
19. UNDERTAKER M-L. Creager	24. Was disease or injury in any way related to occupation of deceased? WV
(Address) Thurnbut I .	If so, specify 1
20. FILED (1) 20 19.31	(Signed) Sewart D. Shaffer M.D.
Registrar.	(Address) State Sanatorum Ind.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	Photos and the same of the sam	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RULLAUV	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Frederick Seventh St., Pike & Wilson Ave. Village or City Frederick (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. ds. How long in U.S. if of foreign birth? vrs. mos. 2. FULL NAME Thomas Milton Darkis. 240 Dill Ave.. (a) Residence: No. Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 19th. 21. DATE OF DEATH November 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) white married male (Day) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased FOR Maria C. Wachter (or) WIFE of March 29, 1874 Hast sawh im DEAD 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 11.30A 7. AGE Years Months If LESS than Days 57 20 1 day. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Totel time (years)
spent in this 10 Date deceased last worked at this occupation (month and occupation ... Other Contributory Causes of importance: Maryland alsolealene 12. BIRTHPLACE (city or town) (State or country) rederick Darkis FATHER 13. NAME Maryland 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_______ Was there an aulopsy?______ Rebecca Fox. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: MOTHE Maryland Accident, suicide, or homicide?______ Date of injury______ 19____ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?_____ Mrs. Maria C. Darkis. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT Frederick, Id (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of Injury Place Mt. Olivet Cem. Fred Date Nov. 21, 19 31 Nature of injury ... M. R. Etchison & Son. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Frederick, Md. If so, specify 20 FILED 20 - Norm931 dra (Address) Frederick, Md.

If nare blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	19119
County Trederics	Registration Dist. No. 144
Village Dr City, Near Thursmont	Mo.
25 V (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME/ Sengan Edw	and Mario
(a) Residence: No. Almana	St. Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	nor. 8
5a. If married, widowed-or divorced	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Vattended deceased from
- Lucial Torres	Nov. 8 1931 to Nov. 8 131
6. DATE OF BIRTH (month, day, and year) / - /853	i last saw hous alive on how 8 , 193 ; death is said
7. AGE Years Wonths Days If LESS than	to have occurred on the dete stated above, at 938 m.
78 (/4 /7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
9 Trade profession or particle 1 A	Date of onset
SAWYER, BDOKKEEPER, etc SAWYER, BDOKKEEPER, etc Multiput of work done, as SPINNER Crustele Cornelles SAWYER, BDOKKEEPER, etc SAW MILL, BANK, etc	Carel-10-40 11/0/51
A ndustry or business in which work was done as SILK MILL	11/0/5/
11. Total time (years) spent in this	
year) ocsupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Defici Conditionary Causes of Importance:
(State or country)	
14. BIRTHPLACE CHY OF TOWN	
14. BIRTHPLACE CHTY OF TOWN	Name of operation None Date of
(State of country)	
15. MAIDEN NAME Sugar Foillite	
5 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
State or country)	Accident, suicide, or homicide?
Tead Wasia	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAY, CREMOTION, OR REMOVAL	***************************************
Placeteristous Date Nos 1, 193/	Manner of Injury
m 18	Nature of injury
19. UNDERTAKER 12. Quageo Con	24. Was disease or injury in any way related to occupation of deceesed?
(Address) thursdand mil	If so, specify
20. FILED 1 DV. 9, 1931 thing M. Jones	(Signed) December Tray M. D.
// Registrar.	(Affdess) Thermont Md.
If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	rincipal cause of death and related causes Date of onset The principal cause of death and related cause		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

PHYSICIANS should state ECORD. Every item of inforof OCCUPA-AGE should be stated EXACTLY. PHYSICIANS H UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. mation should be carefully supplied. TION is very important. -WRITE PLAINEY,

V. S. No. 1 m H ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13114
county trederich	Registration Dist. No. 144
Village or City Near humont	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME John Thomas	Mania
	St., Ward.
(a) Residence: No. (Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE BARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oa) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 22. 1 HEREBY CERTIFY. That I attended deceased from 1934
6. DATE OF BIRTH (month, day, and year) Qua 4th /860	I last saw h willive on 200 1", 199/; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7/ 2 (28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wave as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER about SAWYER RODKKERPER atc	Jude 1 D for
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	of alasti - forces
work was done, as SILK MILL,	alace -
Date deceased last worked at 11. Total time (years) spent in this	Omome ando cararas Lye.
year) occupation	Other Contributory Causes of importance?
12. BIRTHPLACE (city or town) (State or country)	alenal Schemis 1925
I 13. NAME Longe Klanes	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susan Willide	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John War Man	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Verstell Oate / Lon 4 195/	Nature of injury
19. UNDERTAKER M & Terrager office	24. Was disease or injury In any way related to occupation of deceased?
(Address) thurston Ma	If so, specify (Signed) Assays a Bruss M. D.
20. FILED 1. OV. 3., 19.3) Unina VII fouls	(Address) The many M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis -	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of cpilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

TH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13115
County Fudurets	Registration Dist. No
Village or City Middleton Ind	No. St., Ward
Length of residence in city or lown whera death occurredyrs,mo	f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long In U. S. if of foraign birth?yrs
2. FULL NAME M. D. Rebecca Davi	
	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7-cm-le 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 7700. 26 193.34
or) WIFE of Franklen Holbe Dowies	22. I HEREBY CERTIFY, That t attanded decaasad from
5. DATE OF BIRTH (month, day, and year) Oct 28- 18-46	I last saw har alive on how 26
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4Pm.
85 — 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc.	Heart Whasa
9. Industry or Dusinass in Which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation	Other Contributor Causes of Importanca:
2. BIRTHPLACE (clly or town)	Chronice Nephreles
(State or country)	
13. NAME DAVIS COLLING	
13. NAME Dwd Cobless 14. BIRTHPLACE (cily or town) Middle Bour (Stata or country)	Name of operation
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary M. Crack 16. BIRTHPLACE (city or town) Frukk Co ned.	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mrs. Wishin Africa. (Address) misself has	(Specify city or town, county and State) Specify whelhar Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Middle Dale Mov. 27, 193	Nature of injury
19. UNDERTAKER O. E. Chine + Son. (Address) Followick + C.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7700 27, 1931 De Freueron Queses Registrar.	(Signad) R V Hacevol M. M. (Address) Mullelle Lower
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis:	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ngo
/ BURNAL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3116
1. PLACE OF DEATH . (10)		1
County Frederick	Registration Dist. No.	-0
Village or City Woodslow	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and ds How long in U.S. if of foreign birth?	
2. FULL NAME Classed Rebessed Eve	Etter Dorosini	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIPORCED (write the word)	21. DATE OF DEATH MOV- (Day)	. 193.3 /
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. MI HEREBY CERTIFY, Thet lettended	
6. DATE OF BIRTH (month, day, and year) July 6,1867	I last saw her alive on Nov. 11 ,193	
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 3	
677 7 ormin.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Cousework SAWYER, BOOKKEPER, etc.	Diblillina	mod. 7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	((Taryma Eal)	1931
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (months and 193) year) occupation 11. Total time (years) spant in this cocupation	y J	
12. BIRTHPLACE (city or town) Woodolow	Other Contributory Canses of importance:	mos 11
(State or country) margland W 13. NAME Touch Dozens	heart.	1931
13. NAME COL DOSCUE 14. BIRTHPLACE (city or town). Woodslove	Neme of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Eller and Thomas 16. BIRTHPLACE (city or town)	23. If deeth was due to externat causes (VIDL ENCE) fill in atso the followin	
State er country)	Where did Injury occur?	
17, INFORMANT Elsie J. Dorcus (Address) (Woodston mu)	(Specify city or town, county and Ste Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PL	ite) LACE.
Place Mt. Hope Com Date Nov 12/19/3/	Manner of tnjury	
19. UNDERTAKER M. R. alchison & Son	24. Was disease or Injury In any way related to occupation of deceasod?	nw
20. FILED JUNI 12-1981 & Browns	(Signed) Roland R. Diller	M. D.
Registrar.	(Address) Netour mo	

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Ex	tample I		Example II	
The principal cause of dear of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 2 1431	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	PUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

3

1. PLACE OF DEATH	20)
County Tre derick	Registration Dist. No. / 3/=
	No Providence Hospital St., Walf death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. do
11500 00 10	5
2. FULL NAME Walle Je. Dues	
(a) Residence: No. East H (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
wale white OR DIVORCED (write the word)	(Month) (Day) (Yoar)
5a. If married, widowed, or divorced HUSBAND of waie Due	22. I_HEREBY CERTIFY, That I attended deceased from
(01) WIFE 01	act 27, 1931, to Nov 12, 193
6. DATE OF BIRTH (month, day, and yeer) 1867	I last saw how elive on Worl 2, 193/; death is sa
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at \$ m.
Loth - I day, hrs	The follows:
8 Trade profession or particular	were as follows. Oate of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL.	
9. Industry or business in which	Dyen lever
SAW MILL, BANK, etc.	- (
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	Coletis
13. NAME Edward Dull 14. BIRTHPLACE (city or town) Manyland	
[14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jane R. Dumbin 16. BIRTHPLACE (city or town) Wangland	23. If death was due to external couses (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town) Waryland	Accident, suicide, or homicide?, Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT James a Jones Suret (Address) Montene Hope, Fred. K. Wild	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt Clivet Con Date Nov 16, 1931	, Nature of injury
19. UNDERTAKER M. R. Catchison Hory (Address) In a deal class Marilland	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 14-Now, 1931 Da melluly =	(Signed) Bothorne M.

12117

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCC Registration Dist. No._ plnods Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. If of foreign birth? vrs. mos. ds. Length of residence in city of them where death occurred statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED: WIDOWED. OR DIVORCED (write the word) (Month) 5e. If merried, widowed, or divorced HUSBAND of TIFY, Thet | ettended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, dey, end yeer) properly to heve occurred on the date steted above, at 9 7. AGE Years Months Days If LESS then 1 dev.____hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance or min. were es follows: Date of onset 8. Trede, profession, or perticuler OCCUPATION kind of work done, as SPINNER, JO. SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which plnods work wes done, es SILK MILL SAW MILL, BANK, etc ... 10. Dete deceesed lest worked et this occupation (month end 11. Totel time (yeers)
spent in this that veer) occupation _ instructions Other Contributary Causes of importance 12. BIRTHPLACE (city or town) uta dutinet (State or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town Neme of operation plain (State or country) Whet test confirmed diegnosis?___ Wes there en autopsy?_____ be carefully MOTHER important. 23. If deeth was due to external causes (VIOLENCE) fill in also the following: in DEATH Accident, suicide, or homicide?______ Dete of Injury_______ 19 16. BIRTHPLACE (cht or (State er country) Where did injury occur? ____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods 17. INFORMANT OF (Address) 18. BURIAL, Menner of injury WRITE CAUSE .Dete mation Neture of Injury NOIL 19. UNDERTAKER (Address) If so, specify (Address) ...

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes Date of onset of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 2 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
	The second secon			
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Frederick	Registration Dist. No. 194
Village or Gity Friends Creek	No. St., Ward
Length of residence in city or town where death occurred 10 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
2. FULL NAME Sarah ann Elisas	Rest Enles
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale white 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Paar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herry a. Eyler	22. I HEREBY CERTIFY. Thet I attended dacaasad from 16 - 10
6. DATE OF BIRTH (month, day, and year) Feb 29-1864	I last sew here alive on 15 - (5 , 193/; death is said
7. AGE Years Months pays If LESS than	to have occurred on the dete stated above, at//m.
67 8 67 I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Vulmonary
SAWYER, BOOKKEEPER, etc.	Gelegae
skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decesed last worked at this preparation (month) and	1/constitution
and decapetion (month and C/// E/) Spant in this C	
year)	Other Contributory Causes of Importence:
12, BIRTHPLACE (city or town) (State or country) (State or country)	
13. NAME Samel Well 14. BIRTHPLACE (city or town) was found	Neme of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 2
15. MAIDEN NAME Sairle tipe	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Dairela tipe 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country) Claryford	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John J. Bulles (Address) Sumitaling red	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Friends Crack MDete Wood 8, 1931	Menner of injury
19. UNDERTAKER W. J. Sharff & Grad (Addrass) Furnistability of pred	24. Wes disease or injury In eny wey ralated to occupation of deceesad?
20. FILED 710 7 = , 19 31 M. F. Shouff Registrar.	(Signed) The Green M.D.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
			Attack of epilepsy	1 week ago	
Chronic interstitial nephr		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	D.C. 4 III	July 5,1927	Peritonitis	3 days ago	
	KULTAU V S				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

Z

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No. 140
Village or City Manuel (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME Julia Classes	number.)
PERSONAL AND STADISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale Hute Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Nov. 21, 1931
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 13, 1835	Nov. 16 1921. 10 Nov. 2 1 , 1931.
(Month) (Day) (Year)	that I last saw h & alive on / alive on 1931.
7 AGE	and that death occurred on the date stated above, at 12 77 P.m.
96 yrs. 6 inos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Chrterosclerosis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
ID NAME OF TO THE PARTY OF THE	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE	192 (Address) Woodsbaro Md
OF FATHER (State or country) Mary 1944	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OF MARE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmos,ds.
(State or Country)	Where was disease contracted, if not at place of death?
Of Genel France	Former or usual residence
(Address) January MA	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 23. 1931
25012	2D HADERTAKER ADDRESS A

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servuut, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery. (a) Foremon, (b) Automobile factory. The materia should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on

EASE CAUSING DEATH (the primary affection withrespect to time and causation), using always the same accepted term for the same disease. Examples: Cerebiospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheric avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Recommendations on statement of cause of death ... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; Nomenclature Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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If more blanks are needed, address State Resistrar. 16 W. Saratoga St., Balto, Reguesting V. S. No. 1.

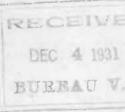
(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons endefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer. Farm laborer. Laborer-Coal mine, etc. Wom-Never return "Laborcr," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc etc., without more precise specification as Day For many occupations a single word or term on or At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonla,"

head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy." "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid—probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway taken. For VIOLENT DUATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaenic." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cauce. "Uraemia," "Weekness," etc., when a definite disease vulsions." "Debility" causing death). 29 ds.; Bronchopneumonia Chronic interstitial aephritis, etc. The contributory use of "Thinor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid Chronic valvular heart discase; ("Congenital," "Senile," etc.), (Recommendations on state-Always qualify all "Coma," Medsles; (merely (second-(disease "Con-

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BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

T2		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other centributery course of immediate	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH , (19	19131
county Fredericals	Registration Dist. No. 2
Village or City Frederick	No. Cety Hospital St., Ward
Length of residence in city or www where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
9 1 0 1	Total Control of the Control of C
2. FULL NAME Country to the	Ct Ward
(a) Residence: No. Community (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Utale	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) MISE of The area Clabaugh	22. I HEREBY CERTIFY, That I attended decreased from 19 3/., to
6. DATE OF BIRTH (month, day, and yeer) Och 15-1852	Hast saw been alive on how. 3 19.2/ : death is sai
7. AGE Years Months Oays If LESS than	to heve occurred on the dete stated above, etm.
79 0 20 1 day, hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular wind of work done as SPINNER	19
No kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cepticaema /wy
work was dong, as SILK MILL, SAW MILL, BANK, etc.	Short Cor-
SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end 1/1/20 spant in this year) year) 11. Total time (years) spant in this year)	- Ag - Care
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Confected Hand.
# 13. NAME Rabert Garley	
14. BIRTHPLACE (city or town) (State or country)	Name af operation
	What test confirmed diagnosis? Was there en autopsy? Was there en autopsy?
Ĭ.	23. If death wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicise?
O 16. BIRTHPLACE (city er town) (Stete or country)	Where did injury occur?
17. INFORMANT. Joseph wetzel (Address) Lumbalana und	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Limitabing 4 Dete 11/8, 19 31	Natura of Injury
19. UNDERTAKER Tu. F. Shings find	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED 7- m, 1931 Draf McCuely Registrar	(Signed) A. Guttin Cease M. M. (Address) Fishering Mid
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arterioselerosis	THE BULLETY AS IN	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 4 1931	July 5, 1927	Peritonitis	3 days ago	
	PHERAU V. S.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

1. PLACE OF DEA	TH ·		(15 7.	<u>-(.)</u>
County Free	lever	<i>_</i> .		Registration
Village or City	news	medu	ray (If	Nodeath, occurred in a hospital or institution, give its NAN
Length of residence in	ity or town where de	eath occurred	yrsmos.	
2. FULL NAME	lemo	wel	wood-	Truber
(a) Residence: No.		(Usual place	of abode)	St., Ward.
PERSONAL AI	ND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICAT
3. SEX 4. COL	OR OR RACE		HED, WIDOWED,	21. DATE OF DEATH (Month)
5a. If married, widowed, or div HUSBAND of (or) WIFE of	orced	-		22. I HEREBY CERTIF
6. DATE OF BIRTH (month, do	ev. end year) M	ov. 2.	1931	I last saw him elive on Prov
7. AGE Years	Months	Days 44	If LESS than I day, hrs. or min.	to have occurred on the date stated above, at . 3 The PRINCIPAL CAUSE OF DEATH and related cau
8. Trade, profession, or kind of work done SAWYER, BOOKKE Ondustry or business work was done, as SAW MILL, BANK,	particular , as SPINNER, EPER, etc	non	• • • • • • • • • • • • • • • • • • •	Palent fora
SAW MILL, BANK, 10. Date deceased lest withis occupetion (myear)	rked at		me (yeers) at In this pation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town (State or country)	ma		evag	
13. NAME # 14. BIRTHPLACE (city or (State or country)	of co	e Grandstor	uber	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or (State er country)	own) Cres	agric	Jox	23. If death wes due to external causes (VIOLENCE) Accident, suicide, or homicide?
17. INFORMANT (Address)	my C	Gue	ber	Where did Injury occur? (Specify city: Specify whether injury occurred in INDUSTRY, in h
18. BURIAL, CREIBETT H, OR Place Hur	memorale	Apate Un	7 ,1931	Manner of injury
19. UNDERTAKER Losay (Address)	ner & lo	leager	med	24. Was disease or injury in any way related to occu
20. FILED 11/6	19312	66	Registrar.	(Signed) Rolling St. (Address) Dela

Dist. No. 140 St., Ward

1E instead of street and number) _____yrs. ____mos.____ds. I give city or town and State E OF DEATH (Day) Y. That I attended deceased from ses of importance Date of onset _____ Date of_____ Was there an autopsy?_____ fill In also the following: r town, county and State) OME, or In PUBLIC PLACE. pation of deceased? 200

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	, 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory eauses of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Dr. ne cand

STATE OF MARYLAND	CERTIFICATE OF DEATH 13120
1. PLACE OF DEATH	in the Corporate and 13 C
County Trederick With	Registration Dist No /
Village of City Fedure	No. 33 V E. Vallet St., W
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U. S. if o1 loreign birth?yrs,
2. FULL NAME Poger M. Hage (a) Residence: No. 33 J E. Pat (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year) (Year)
ia. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased
5. DATE OF BIRTH (month, day, and year) 17-1872 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 4 7 m.
8. Trade, profession, or particular P.	The PRINCIPAL CAUSE OF DEATH and related causes of importance with a follows: Our Date of the principal of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at 11. Total time (years)	(artic) Mont disum 4
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0.7	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Hart or Sting
5 13. NAME Sereoletox Hogen	Casoin of Real 24
14. BIRTHPLACE (city or town) (Stata or country) (Stata or country)	Nama of operation
15. MAIDEN NAME Cimeles	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) The Almer Constant	Accident, suicide, or homicide? Oate of injury
17. INFORMANT Dry Blackston & Md.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place N. Oliver Control Oate Nov. (6 , 19.7)	Manner ol injury
19. UNDERTAKER 6. E. Cline Hong (Addiess) Fredrick God	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED / 6- Nov. 1931 Association.	(Signed) Millians (Addrass) Medinis

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	DEC 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Corebral hemorrhage		July 5,1927	Peritanitis	3 days ago
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastraenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Robitrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	DEC 4 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUBBAU	Juty 5,1927	Peritonitis	3 days ago	
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			*		

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20, FILED MW 13, 1931 1 Chyle

If nonresident give city or town and State I HEREBY CERTIFY That I attended deceased from (Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEAT	H	9		
County Fred	wich	ith.		Registration Dist. No. / 3/
Village or City 3	Tredes	ich	The name of	No. 7 W. Sixth St., 3 Ward
				death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city	or town where o	laeth occurred	01 01	24 ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME	tessein	2 1	Molfs	ier
(a) Residence: No/	7. W. A	Jex III (Usual place	of abouta	St., J Ward. If nonresident give city or town and State
PERSONAL ANI	O STATIST			MEDICAL CERTIFICATE OF DEATH
	OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
Made WI	it	OR DIVORCE	(write the word)	Nov 2/ 193/
a. If married, widowed, or divor	ced	0	7-	(Month) (Day) (Year)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY that I attended deceased from
				Hast saw h W elive on W 20 1921 dash is said
. DATE OF BIRTH (month, day,	77	ne 27	1931	
. AGE Years	Month's	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, et 3 3 0.2 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
0	7	24	ormin,	ware as follows:
8. Trada, profession, or pa	S SPINNER,	None.		Criti artis intuis
SAWYER, BOOKKEER 9. Industry or business in	which	-3.91.		Mitwickation 10ds
work was dona, as SI SAW MILL, BANK, as	ILK MILL, lc	"		
10. Data daceesed lest world this occupation (mon		sper	ma (yaars) nt in this	
yaar)	A	-	pation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)_	Frede			
(State or country)	01	aylana		
13. NAME Noon	ran VY	neffi	res.	
14. BIRTHPLACE (city or to	A/	derick	6	Name of operation Dete of
(Stata or country)	Maary	uand		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	ary a	o alan	ner	23. if deeth was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or tow (State er country)	vn) Three	dorech		Accident, suicide, or homicide?
(State et counity)	roory	NI A	111	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT MOOD (Address) 7. W	Sind	n y	effner	Specify whather Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
8. BURIAL, CREMATION, OR RI	EMOVAL			Mannar of injury
Place Mot Ol	wet	Date_No	v-23,1931	Nature of injury
	nas I	Rice		24. Was disease or injury in any way related to occupation of declased?
0. FILED 21-11-11	31 ma	mee	Registrar.	(Signed) M. D. (Address)
	If myle	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
of importance were part	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	onows:	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	lis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 4 1301	July 5,1927	Peritonitis	3 days ago
	EDELAC V.S.			
Other contributory cau	ses of importance:	- Carlo 100	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Dr. Slusher.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	Julyő,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1

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PLACE OF DEATH County Freducts	13129 STATE OF MARYLAND CERTIFICATE OF DEATH
By WHEND CONTROL	Registration Dist. No.
Village or City Janua Smilk No. 2FULL NAME Street Aud	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 77 7931 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE See Bulf If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Cogn birth
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (Ntate or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF STATES (State or country)	(Signed) (Duration yrs mos ds. (Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OVER STELLS OF MOTHER (State or Country)	JB LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Cure To THE BEST OF MY KNOWLEDGE (Informant) Cure To THE BEST OF MY KNOWLEDGE (Address) Trum True To THE BEST OF MY KNOWLEDGE (Informant) Cure To THE BEST OF MY KNOWLEDGE (Information Cure T	Former or usual residence
Filed M. 17 1924 MD. J. Hadars Registras	June Frances Brusend My
If more blanks are needed, addre.s itate Kegistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relutive health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

> "E:haustion," "Heart failure, "Liacurous," "Shock," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile" "E:haustion," "Heart failure," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL perilonilis," elc. Whooping cough; taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., scpsis, carbolic acid -- probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, icianus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage," etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	STATE OF MARYLAND
County Frank Wor	© CERTIFICATE OF DEATH
MIT MIN EG	Registration Dist. No. / 4/
Village or City // Rysulle (No.	St.: Ward) (If death occurred in
2FULL NAME 6 mass felus	ward a hospital or institu- tion, give lts NAME ir- stend of street and number-)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Www Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH NOV. 13 -, 1921
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Nov 13 - , 1931	NOV. 12 192 (. to NOV. 18 - , 192 /
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE 6 mos fetus IfLESS than	and that death occurred on the date etated above, at
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	accept that malting
particular kind of work	the second secon
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)ds.
9 BIRTHPLACE (State or country) Tresund vo. Ma.	Contributory Secondary (Durstion)
10 NAME OF Mark C. Jeffers	(Signed). VIII M. D.
OF FATHER (State or country) Fracta W. Va.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Willia & Drist	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER STATES OF MOTHER	ients or Recent Residents) At place of deathyrsmosds.
(State or Country)	Where was disesse contracted, if not at place of dea.h?
(Informant) / With P. William	Former or usual residence
(Address) Knowin, I Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed WV 13 1921 MM H S. H. Agran	20 UNDERTAKER LADORESS Ments Pfeller / Congulls
Acceptant	The state of the s

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Vraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcomar etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 13132
1. PLACE OF DEATH	
county orederick.	Registration Dist. No. 137
Village or City State Sana bru	m.No. Vn.d. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Walker Viell	Jolliffe .
(a) Residence: No. 307 Kockwell Terrace (Usual place of abode)	St., Frward derick MA
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) hite of unknown	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 15, 18 76	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 A m.
55 3 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Read of Entertain	Date of onset
SAMYER, BOOKKEEPER, etc State Sind of work done, as SPINNER, Real Estate Sindustry or business in which work was done, as SIIK MILL	A 1931
work was done, as SILK MILL, SAW MILL, BANK, etc	omoran al morancoral
SAW MILL, BANK, etc 10. Date deceasad last worked at this occupation (month and 6/25/31 spant in this occupation)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	
# 13. NAME Joseph J. Jollife	
13. NAME JOSUM J. Jollife 14. BIRTHPLACE (city or town) J. Magistra	Name of operation Date of
(State of country)	What test confirmed diagnosis? Xray + Box Sprumas there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
In a Standard	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) A tate I can a brunn	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL D. M. C.	Manner of injury
Place P. Making Date Million	Nature of injury
19. UNDERTAKER C. E. Cline	24. Was disease or injury in any way related to occupation of deceased? NO
(Address) Frederick ma.	If so, specify
20. FILED 1/9/3/19	(Signed) Alway S. D. M. D.
Registrar.	(Address) Lale Landburn My

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V a	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

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Arteriosclerosis	The same of the same	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	THE A TRUTH	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURTH	July5,1927	Peritonitis	3 days ago
0.1		glory) *		
Other contributory causes Gallstones	of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Gallstones		May 1,1923	Gastrocnteritis .	1 y

J. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Inducts	CERTIFICATE OF DEATH
Within the Corporati	CA. Marita
Village or City falelluck (No. falelluck	Ward) (if death occurred in a hospitul or institution, give its NAME instend of street and
2FULL NAME / Daley yul	Arlin & number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 tenale white (Write the word)	16 DATE OF DEATH / M. 3 , 192/ (Month) (Day) (Year)
6 DATE OF BIRTH Oct. 28, 1931	HEREBY CERTIFY, That I avended the deceased from
(Month) (Day) (Year	that I lest saw how alive on 122
7 AGE	and that death occured on the date stated above, at
yrs. mos. ds or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Me materily
(b) General nature of industry business, or establishment in	
which employed or (employer)	Contributory (Duration)yrsmosde.
SBIRTHPLACE (State or country) Maryland	Secondary (
10 NAME OF Richard Kline	(Signed) 724 Mesher M. D.
OF FATHER (State or country) Maryland	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury end (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Mellie M. Mulling	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death yrs mos ds. in the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence Barnat Housital
(Informant) (Menand Munich, Male)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mt. 100 + C 2 1 Mov 4 1931
Filed 4-18cute 193 Bay meaules Registra	20 UNDERTAKER ADDRESS M. Richtman Son Frederick Me
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

13134

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile fcctory. to know (a) the kind of work and also (b) the engineer. Stationary fireman, etc. But in many For many occupations a single word or term on OF yrs). Farm laborer, At without more precise specification as Day Home, and children, For persons who have no occupation If the occupation has been changed Laborerfactory. The material -Coal mine, etc. Womnot gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; "yphoid fever (never report "Typhoid Pneumonia"; obar pneumonia, Bronchopneumonia ("Pneumonia").

"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitical nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcona, etc., ef (name origin; "Cançer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, tetavus) may be stated under the head of "contributory" can be ascertained as the cause. Always qualify all "Exhaustion," causing (secondary or intercurrent) earbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely approved by Committee on and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic valvular heart disease; affection need etc. The contributory The nature of the injury, Nomenclature not

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

ECOI. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. I UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINEY, W

V. S. No. 1

Length of residence in city or town where death occurred / O yrs / mos / ds Now long in U.S. if of foreign birth?	STATE OF MARYLAND	CERTIFICATE OF DEATH 13135
Village or City, ## Color of residences in city or town where death occurred in a horpoil or institution, aver in NAME instead by street and number) de good in the cocurred in a horpoil or institution, aver in NAME instead by street and number) de good good in pirith? 2. FULL NAME (a) Residence: No. 32		() (2/2)
Length of residence in city or town where death occurred in a hospital or institution, give its NAME intested by street and number) 2. FULL NAME (a) Residence: No. 732	County Trederige //	Registration Jist. No. / 2/
Length of residence in city or town where death occurred. J. yrs J		
(a) Residence: No. 7 3 2	/ ^	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SLYGLE, MARKIED, WIDOWSIX 50. HI married, widowed, or divorced HUSBANG of (or) WHE	2. FULL NAME W - Xerah	arh
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WINDOWS OD DIVORCED (current the world) 5. It married, widowed, or divorced HUSBAND of Cory wife of		
So. It married, widowed, or divorced HUSBARO of Corp Wife		
5. Date Of Ristry (month, day, and year) 6. Date Of Ristry (month, day, and year) 7. AGE 6. Date Of Ristry (month, day, and year) 8. Trada, profession, or particuler kind of work done, as S-PINNER, Shart Ristry (month), day, and year) 8. Trada, profession, or particuler kind of work done, as S-PINNER, Shart Ristry (month), day, and year) 8. Trada, profession, or particuler kind of work done, as S-PINNER, Shart Ristry (month), day, and year) 8. Trada, profession, or particuler kind of work done, as S-PINNER, Shart Ristry (month), day, and year) 8. Trada, profession, or particuler kind of work done, as S-PINNER, Shart Ristry (month), day, and year) 8. Trada, profession, or particuler kind of work done, as S-PINNER, Shart Ristry (month), day, and year) 8. Trada, profession, or particuler kind of work done, as S-PINNER, Shart Ristry (month), day, and year) 8. Trada, profession, or particuler kind of work done, as S-PINNER, Shart Ristry (month), day, and year) 8. Trada, profession, or particuler kind of work done, as S-PINNER, Shart Ristry (month), day, and year) 8. Trada, profession, or particuler kind of work done, as S-PINNER, Shart Ristry (month), day, and year) 11. Industry or business in which were as S-PINNER, Shart Ristry or business in which work we done, as SIK MILL, Shart Mill, Shart Ristry (month), day, and year) 12. BIRTHPLACE (city or town) 13. Industry or business in which were done as SIK MILL, Shart Place (light of country) 14. BIRTHPLACE (city or town) 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (Months) 18. BURIAL, OREMATION, OR BRANVAL 19. Under the season of importance was a follows: 19. Under the season of importance was a follows: 19. Under the season of importance was a follows: 19. Under the season of importance was a follows: 19. Under the season of importance was a follows: 19. Under the season of importance was a follows: 19. Under the season of importance was a follows: 19. Under the season of impor		Mor, 2/ 193/
T. AGE / ders / Months Oays If LESS than Iday. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were established. The PRINCIPAL CAUSE OF DEATH and	HUSBANO of	5 of 100
8. Trade, profession, or particuler kind of work done, as SPINNER, Selved Harman as SPINNER, SWYRER BOOKSEER, etc. 1. Industry or business in which work was done as SIK MILL, SAW MILL, BANK, etc. 1. Deter done 1. And the deceased lest worked at this occupation month and spin in this spin in this occupation. 1. BIRTHPLACE (city or town) (State or country) 1. BIRTHPLACE (city or town) (Stete or country) 1. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopay? What test confirmed diagnosis? Was there an autopay? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 1. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 1. BIRTHPLACE (city or town) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 2. FILED 2. — Town, 131 On Marketh Area (Address) 2. Was disease or Injury in any way related to occupation of deceased? 2. Was disease or Injury in any way related to occupation of deceased? (Signed) (Signed) (Address)	6. DATE OF KIRTHY (month, day, and year) Feb. 23-186	I last saw have alive on Zee, 19. 3 (; death is sain
8. Trads, profession, or particular Mind of work door as a SPIRNER. Reliable that the Mind of work door as a SPIRNER. Reliable that the Mind of work door as SPIRNER. Reliable that the Mind of work door as SPIRNER. Reliable that the Mind of work door as SPIRNER. Reliable that the Mind of work work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Reliable that the Mind of Work done as SPIRNER. Registraf. 12. BIRTHPLACE (city or town)	71 0 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
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Other Captributory Causes of importence: 12. BIRTHPLACE (city or town)	N. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
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13. NAME 14. BIRTHPLACE (city or town (State or country)) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 22 — Non., 131 Day (March 1984) 21. Specify whether injury in any way related to occupation of deceased? 24. Was disease or Injury in any way related to occupation of deceased? 25. Signed) (Address) 26. Signed) Manner of injury (Signed) Manner		1 ~ //
What test confirmed diegnosis? Was there an autopsy? What test confirmed diegnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy? Was there an autopsy? What test confirmed diegnosis? Was there an autopsy? What test confirmed diegnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy? Was there an autopsy? Accident, suicide, or homicida? Date of injury. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury. Neture of injury. Neture of Injury. 19. UNDERTAKER (Address) Was there an autopsy? What test confirmed diegnosis? Was there an autopsy? Was there an autopsy in the property of the pro	Va +	
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17. INFORMANT (Address) 732 M. Marketh Sh. Fredb 18. BURIAL, CREMATION, OR PROLIVAL Placa Oeta Non 23, 1937 19. UNDERTAKER (Address) 131 Jan 1940 20. FILED 22 — Non., 131 Jan 1940 Registraf. (Address) (Signed) (Address) (Address) (Address) (Address) (Signed) (Address) (Ad	16. BIRTHPLAGE (city or town) (State or country)	Accident, suicide, or homicida?
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20. FILED 22 - Non., 131 da Michael (Signed) Bold france M. Registrof., (Address) Producik, 2nd		24. Was disease or Injury In any way related to occupation of deceased?
	20. FILED 22 - Non. 131 da Mucculy	(Signed) BO of M. I
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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Ţ	July 5,1927	Peritonitis	3 days ago
	BURHAU V.S.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Househousehold only 'not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of For many occupations a single word or term on Farm laborer, without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer--Coal mine, etc. Womnot gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEAL CYUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tetawus) may be stated under the head of "contributory." "Inamition," "Marasmus," "Old Age," "Shock,"
"Urnemia," "Weaknes," etc., when a definite disease
can be ascertained as the cause. Always qualify all
diseases recording from childbirth or miscarriage as
"PUERPERAL septicaemia," "PUERPERAL peritonities," etc. approved by Committee on Nomenclature (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. " E:haustion," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, taken. For VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-("Congenital," "Senile," etc.), "Dropsy," on," "Heart failure," "Ilaemorrhage," or intercurrent) affection need cough; Chronic valvular heart disease, etc. The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 1000 plnods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _____yrs. ____mos. ____ PHYSICIANS Length of residence in city or town where death occurred. statement Ward. St. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word) November CTL (Month) (Day) (Year) BINDING 5a. If marriad, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended daceased from (or) WIFE of 215 19 31 to November 23d November 14 6. DATE OF BIRTH (month, day, and year) 国 properly to have occurred on the data stated abova, at ____ If LESS than 7. AGE Yaars Months Days FOR 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of enset Chronic Mvocarditis 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.... MARGIN RESERVED may 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and that occupation instructions Other Contributory Causes of importance: Senile Dementia 12. BIRTHPLACE (city or town) (State or country) supplied plain terms, FATHER 13. NAME Nama of operation ... 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?_____ Was thera an autopsy?_____ be carefully MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: ij. Accident, suicide, or homicide?______ Data of injury______, 19. DEATH 16. BIRTHPLACE (city or town (State ar country) Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods very CAUSE OF Mannar of injury WRITE mation Natura of injury. LION related to occupation of deceased? 19. UNDERTAKER (Address) If so, spacify, Maryland. Registrer (Address)

If more blanks are needed, address Stole Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULLBAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Macrica	CERTIFICATE OF DEATH
D. A. A.	Registration Dist. No. 3
Village or City & whity town (No.	St.: Ward) (If death occurred in
2FULL NAME John Hilliam In	a nospitat of matrix
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE MARRIED, Midowrn WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Nov 13 1901 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
DEC. 18 1842	June 1923/. to / los , 1923/,
(Month) (Day) (Year)	that Clast saw h LM alive on Por - 13 , 1923/,
7 AGE [If LESS than	and that death occurred on the date stated above, at 8.30 Pm.
8 8 yrs. 10 mos. 25 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION ds. or min.?	aortia Stenosis & Myocardetis
(a) Trade, profession or TP 1- 1 Thomas	Clothe flenosis & orly oceadiles
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) Qyre 0 mos 0 ds.
7 /	Contributory
(State or country) Md	Secondary
10 NAME OF Micholas H. Milealf.	(Signed) OFW (Signed) M. D.
0 11 BIRTHPLACE	Nov. 14 1981 (Address) Writy town
OF FATHER (State or country) 12 MAIDEN NAME C C C C C C C C C C C C C	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary 6, Favorile	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Interment) Maggie L. Melealta	Former or usual residence
(Address) Wision Bridge	Jairmounh Cemeling Nov- 15, 1931
(Action Cost)	
Filed 180, 14 198/ 1/2 Culfuray Registrar	Towell & albaugh & writy town
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephrilis, etc. The contributory

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FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13140
County Frederick	Registration Dist. No. 131
Village or City Firederick	No. 6 The Ward death occurred in a perpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
Langth of residence in city or town where death occurred	ds How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Francie B. Meines	
(a) Residence: No. Mot Pleasant 5, Lo M. (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH Nov (Month) (Day) 193/(Ser)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Edward E. Miner	22. I HEREBY CERTIFY, That I attended decessed from OCV 28 1931 to Nov 1 1931
6. DATE OF BIRTH (month, day, and yeer) Hoase, (9) 1879	I lest sew here alive on Troy 1 , 19.3 / ; death is sein
7. AGE Yeers Months Days If LESS than	to have occurred on the dete steted above, at 2-30 Am
5-2 5- (9) 1 dey, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER School Teacher SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, Tublic School SAW MILL, BANK, etc. 10. Date decessed lest worked at cock 3 0 11. Totel time (yeers) this occupation (month and	Intertwood Obstruction
9. Industry or business in which work wes done, as SILK MILL, Fullic School SAW MILL, BANK, etc	
SAW MILL, BANK, etc. Sworte School 10. Date deceesed lest worked at (2.4.2.4.2.4.1). Total time (yeers)	
10. Date deceesed lest worked at cick 30 this occupation (month and 1931.	
00 1. et. :00.	Other Contributory Canses of importence:
12. BIRTHPLACE (city or town) Surveus ville (State or country) Maryland	Carcusus Jones mes
1 - 1 -1 1 20	9
14. BIRTHPLACE (city or town) Frederich Los	Name of operation Zeone Dale of
(Stete or country) Maryland	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Emma A. Sones	23. If deeth was due to axternel causes (VIOLENCE) fili in elso the foliowing:
16. BIRTHPLACE (city or town) Frocolorich Con	Accident, suicide, or homicida? Date of Injury, 19
E (Stete er country) Maryland	Where did injury occur?
17. INFORMANT John W. Breener (Address) & Fifth St. Foederick Ald	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 5. 60	Mannar of injury
PlaceMet Pleasant Date Nov 3 1931	- Neture of injury
19. UNDERTAKER Thomas of Rice (Address) Frederick Med	24. Wes diseesa or injury In any wey ralated to occupetion of daceased?
20. FILED 3- Mounters 3/ da melusle - Registrar.	(Signed) 20 Thomas (Address) Frederick did M.
If more blanks are needed, address Stare Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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E	xample I		Example II	
The principal cause of dca of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 - UEC 4 531	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BUMBAU V			
	to make the same to the same t			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item of inforstated EXACTLY. A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. UNFADING INK-THIS IS mation should be carefully supplied. AGE should be -WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1017
County Frederica	Registration Dist. No. /2/=
Village or City Near Pearl	ND. 02 2 St., War
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosd
a man forma man man	hlea
2. FULL NAME OF STATE	Ch. Ward
(a) Residence: Np. / Lla Luck (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / (Month) (Day) (Year)
a. If marriad, widowed, or divorcad	
(or) WIFE of transchin a. Mohter	22. HEREBY CERTIFY That I attended daceased from
f. 1 19-18nn	Licht court of the control of the co
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than	l last saw h alive on
54 3 24 1 day,hrs.	
	wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc.	am to lam hetoble
9 Andustry or business in which	
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decased last worked at bis necessation (month and	CALL MARKED WHITE
10. Date decaased last worked at this occupation (month and spent in this	Sudden
yaar) octupation	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town) New Market Ned.	Office Contributory Cases of Alliportaince
(State or country)	wat the read,
13. NAME Ma Cagner 14. BIRTHPLACE (city or town) Balts Jud	
14. BIRTHPLACE (city or town) Balts 2	Nama of operation
(Stata or country)	What tast confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Jarah Eader	23. if death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Jarah Earder 16. BIRTHPLACE (city or town) Treleville Co. Med.	Accidant, suicida, or homicide? Date of injury
(State or country)	Where did injury occur?
7. INFORMANT Parklin a. Mohler (Address) Pract Frank 20. ned	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piacetut Clinet Cum Date 1 19 2 19 2	- Natura of injury
12.8.60 in Rm	24. Was disease or injury in any way related to occupation of vaceased?
19. UNDERTAKER . Tuderick Nid	If so, specify
0-160	(Signed)
20. FILED 12- Mechanis 2/ The Mechanic	(Address)
+	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	may 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUKKAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis •	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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/121)	CERTIFICATE OF DEATH
1. PLACE OF DEATH	136
77 -	Registration Dist. No. 136
vinugo of oit)	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Mrs. Alice F. Myers,	
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE female colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH Nov. 16th., 1 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Myers.	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 18, 1853	I last saw h. Or alive on
7. AGE Years Months Days If LESS than 77 9 25 1 day, hrs.	to have occurred on the date stated above, at 11 30Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER. SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Thomas Toope 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Name of operation
(State or country) Geo.T. C. Bell. 17. INFORMANT Frederick, Md. (Address) 18. BURIAL, CREMATION, DR REMOVAL	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Near Westminister Dete Nov. 20, 19 31	Manner of injury
19. UNDERTAKER Albert V. Dixon, (Address) Frederick, Md. 20. FILED 20. 1931 J. Offmanchson	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 doys ago
DEC STREET			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1

00

PLACE OF DEATH County TMANNON	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Brunswich (No	St.: Ward) (If death occurred is a hospital or Institution, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Male Whate (Write the word)	16 DATE OF DEATH // Z 7 , 155/
6 DATE OF BIRTH OUG, 1862 (Youth) (Day) (Year)	17 HEREBY CERTIFY, That I extended the deceased from
7 AGE 69 yrs. 3 mos. — ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry Relief Train business, or establishment in which employed or (employer)	Calling Manning Outsign Ore mos de
9 BIRTHPLACE (State or country)	Contributory Secondary Secondary Syrs Mos.
10 NAME OF FATHER albert myers	(Sized) MAN Address Symmotive (1)
Z (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MANY HENRY 13 BIRTHPLACE	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosde
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of dea.h? Former or usual residence
(Address) Runswick M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed hay, Z. 9 19/ mis H. S. H. Registras	26 UNDERTAKER PRON OMNEWERS
If more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

4 75 4 4 7

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesmon. (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e.g., Former or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on For persons who have no occupation As examples: (a)

Statement of Cause of Death—Name, first, the DIS-VEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal s; inal meningitis"); Diphtheria (avoid use of "Croup"); S; inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Taemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need (disease Chronic interstitial nephritis, IF hooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meneorbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory volvular heart

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 1931	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH.	0 10140
County Frederick	Registration Dist. No. 134
Village or City rut. St. Wary	No. St., Ward
Length of residence in city or town where death occurred 12 yrs. 7 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Helen Turion D'	Donnell
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Terrisle White Directle	21. DATE OF DEATH ON, 2 9, 193/ (Month) (Day) (Year)
a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) June 13 - 18:56	Hast saw h. 97 alive on her 2, 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at / Qm.
75 4 19 1 day, hrs.	The PRINCIPAL BAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Retired SAWYER, BDDKKEEPER, etc.	Cerebral Reminhage
SAWYER, BDDKKEEPER, etc.	- Haya
work wes done, es SILK MILL, Source Lady	
10. Date deceased last worked at this occupation (month and spent in this occupation (month and year)	
h.ot'	Dther Containatory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Orlesso deterone dos
13. NAME John B. 6' Dannell	- Fred
14. BIRTHPLACE (city or town) Baltimore	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Turn a. Tricley	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Beletimore	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Luis Cotelle O' Donnell (Address) Emmitsenz and	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Betimore and Date 11/5,1931	Neture of injury
19. UNDERTAKER W. J. Shuff f. (Address) Firmutshing rand	24. Wes disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Mor 4, 19.31 Mo From Registrar.	(Signed) E THE 2 M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE O		(8	CERTIFICATE OF DEATH 13146
County Fo	rederick	erested person of	Registration Dist. No. 12/=
Village or C	City Frederick	(1)	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ME Mrs. Edith M	. Ordeman.	St., Ward. If nonresident give city or town and State
PERSON	NAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
s. SEX femal.e	4. COLOR OR RACE 5. White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 24th, 1931 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	Daniel T. Orde	man. 16, 1867.	22. HEREBY CERTIFY. That I attended decessed from 1930, to NOV. 24, 1931 Ilast saw h alive on NOV. 24, 1931; deeth is said
7. AGE Yes	(month, day, and year)	Deys If LESS than 1 day,hrs.	to have occurred on the dete stated above, at 4.2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Housewife 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.			Cerebral Limonroge Nov. 18
10. Dato deceas	sed last worked et pation (month and	11. Total time (years) spant in this occupation	
(State or cou			Other Contributory Causes of importance: Order Sclerosis
13. NAME Wm. H. Best. 14. BIRTHPLACE (city or town) (State or country)			Name of operation
15. MAIDEN NAME Elizabeth Haller Maryland			What test confirmed diagnosis?
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Miss. Helen Ordeman. (Address) Frederick, Md.			Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
R. BURIAL, CREMATION, OR REMOVAL Place Mt. OL. IVET Com. Fredate Nov. 26, 19.31			Manner of Injury

If mor blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

(Signed)

Etchison

Frederick, Md.

19. UNDERTAKER

(Address)

8;

Son.

Nature of injury

24. Was disease or Injury in

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronie interstitial nephritis .	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
ASURSAIT TO A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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IA	5	dn	te
MA	T	fully s	n plain
	N. BWRITE PLAINLY, WITH UN	mation should be carefully supp	CAUSE OF DEATH in plain te
	PLAIN	q plnc	F DE
	ITE	on she	SE 0
0. 1	-WR	mati	CAU
V. S. No. 1	N. B.	i	-)

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10140
County Frederick Will	ne the Corporate Hints Registration Dist. No. / 3
Village or City Frederick	No. 1232 Palicif St., Ward
Length of residence in city or town where death occurred tree me	ff death occurred in a hospital or institution, give its NAME instead of street and number) s
O and a	2 cerm
(a) Residence: No. 1239, Patrick	Ct. Ward
(a) Residence: No. 1257 Multi-	St., Ward. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Oay) (Yaer)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from august 2 2 and 1931 to Moreonter 3 and 1931
6. DATE OF BIRTH (month, day, and year) 9-2/- 185-3	I last saw h. alive on Mar. 3 d 193 doath is said
7. AGE Years Months Days If LESS than 1 deyhrs	THE PARTY AND THE CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Weriosclerories with Date of onese Certification 1921
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decoasod last worked at this occupation (month and yaar) 11. Total time (years) spant in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Freederich (State or country)	There is a state and 1925
13. NAME Alley & duyyon 14. BIRTHPLACE (city or town) Frederich (State or country)	Nama of operation. Oata of
15. MAIOEN NAME Samet Have 16. BIRTHPLACE (city or town) Frederick (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
17. INFORMANT Mis Catherine anymy (Address) Heclenics MA	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL My Colinet Place Frederich my Date 11 / 5 , 193/	Manner of injury
19. UNDERTAKER Sang & Carty (Address) Frankley Mill	24. Was disease or injury in any way related to occupation ol dacaasad?
20. FILEO 3- / wentle, 193 / day mclimbe = Registrar.	(Signad) (Address) Flederich III d

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

PLACE OF DEATH , wanter the Corpo	STATE OF MARYLAND
County Brederich	CERTIFICATE OF DEATH
7 1 1 , -11 111	Registration Dist. No.
Village or City Hedenck Celyno. Hospital	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Baby Reardon	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Beneale A COLOR OR RACE SINGLE, MARRIED, WIDDWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 192 , (Month) 4 (Day) / (Day) / (Day) / (Day)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
Nov. 4 . 431	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than day hrs. day hrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	by Placenta Draevia
(b) General nature of industry business, or establishment in	(Durstion) yrs mos ds.
which employed or (employer) 9 BIRTHPLACE (State or country) 20 d	Contributory
10 NAME OF Charles P. Reardon	(Signed) Bra H. De all M. D. Were 4 1931 (Address) Sibertytown
OF FATHER (State or country) 12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER ama Marie Lits	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients c Recent Residents) At place In the of deat' yrs
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Ol Opp'l	Former or usual residence
(Address) Walkersville Mod	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL
Filed 4-Nountle 1931 Draf McCurcly Registrary	20 UN JERTAKER Powell + allaugh Liberty Town
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a dcfinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken cr," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons en-Laborer, whatever, write Nonc. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); "Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measlcs (disease tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., scpsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death . (name origin; "Cancer" is less definite; avoid ChronicThe nature of the injury, valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, especially in industrial employments, it is neces-For many occupations a yrs). For persons who have no occupation without more precise specification as Day single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (theprimary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease etc. The contributory

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N. B.

County Friderick	CERTIFICATE OF DEATH
Village or Citylu Lewislown (No	Registration Dist. No. St.: Ward) Of death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	that I last say h fally on 192 , 192
yrs	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER COULTY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	(Signed) M. D. *State the Disease Causing Death, or, In deaths from Violent Caussa, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Bospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Oscar H. Nico	of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lewistown Md. Filed Nov. 12 131 anna M. Jones Registras	Mr. Lewistown Nov. 22, 1931 20 UNDERTAKER Rice Lewistown
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At sehool, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of persons enwork, or At Home, and children, household only (not paid Housekeepers who receive a Housemuid, etc. If the occupation has been changed For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc Womwithout more precise specification as Day For persons who have no occupation not gainfully em-But in many 6 materia? Grocery;

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V. S. No. 1

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH 13152
1. PLACE OF DEATH,	
County Frederick	Registration Dist, No. 140
Village or the Wordsboro	No.
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME JOHN W. Saxon	
(a) Residence: No. U and sharp, C	nat Ward.
(Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Monte of Death Nonte 18
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. A I HEREBY CERTIFY, That I attended deceased from
Trances much paymen	- Luly - 1 ,19 31 , to NOV 1 18 ,1931
6. DATE OF BIRTH (month, day, and year) May 20,1845	Mast saw Face alive on New 18 1921; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.332 m.
86 5 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Crieroselesos
9. Industry or business in which work was done, as SILK MILL, Ministe & Church SAW MILL, BANK, etc.	
1D. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	
13. NAME William Daxten	
13. NAME Usellan Saytun 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Mary Gane sterenson	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17, INFORMANT Mas arm a Saxton	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) / words resp. md.	
18. BURIAL, CHEMITION, OR REMOVAL	Manner of injury
Place Date Date 193	Nature of Injury
19. UNDERTAKER OF JUSTISON	24. Was disease or injury In any way related to occupation of deceased?
(Address) Daneyoun Fred.	If so, specify
20. FILED 19 1931 S 6 Pacage	(Signed) 6 a Stelly M.D.
Registrar.	(Address) Woodal Fed Jude
If more blanks are needed, address State Registrar, 2	411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

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MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage 87 87 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



Registration Dist. No. / 2/= (If death occurred in a hospital or institution, give its NAME instead of street and number) // ds. How long In U. S. if of foreign birth? yrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) 1 HEREBY CERTIFY. That I attended decaased from to have occurred on the date stated above, at 9:45 Am The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset What test confirmed diagnosis? Was there an autopsy? . 12 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceasad? If righe blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST.	FATEMENTS	BY	PHYSICIAN
----------------------------------	------------------	----	-----------

(Year)

Date of onset

(Day)

23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Mederica (05)	CERTIFICATE OF DEATH
2 0 1	Registration Dist, No. / 7
Village or City Class State State Frankli	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH Sec. 8 M., 1936	16 DATE OF DEATH (Month) 3,5 (Day), 1923/ 17 I HEREBY CERTIFY, That I attended the deceased from 1923/ 1921
7 AGE (Month) (Day) (Year) 1 day (If LESS than I day hrs.	and that death occurred on the date stated above, at Jam. The CAUSE OF DEATH * was as follows:
yrsds. ormin.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. 2. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME: OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (SUNG) STUBLES OF MY KNOWLEDGE	ients or Recent Residents) At place of deathyrsds.
(Address) K. D. Murmon Ma- Filed Nov. 26 192 / Mara M. Jones Registrar	Diesquitour Churchofeld Nov 27 193/ 20 UN DERTAKER ADDRESS MX CILLANDER Thurmon

If more bianks are needed, address state Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without nove province and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womsary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on (b) Automobile factory. The materia But in many Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," Chronic The nature of the injury, etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Trederick	CERTIFICATE OF DEATH
County	(Sq) /27
near Vil 1-1-	Registration Dist. No.
Village or City (Werletown (No.	St.: Ward) (If death occurred in a hospital or institu-
(191) 1	tion, give its NAME is - stead of street and
2FULL NAME Thomas Smith	number.)
PERSONAL AND STATISTICAL PARTICULARS	NEDICAL CONTROL OF DELIVERY
	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, MARRIEO, WIOOWEO WIGHE	16 DATE OF DEATH NOV 10 1931
or DIVORCED	1-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
(Write the word)	(Month) (Day) (Year)
6 OATE OF BIRTH	IT HEREBY CERTIFY, That I attended the deceased from
Och 17, 1931	
(Month) (Day) (Year)	that I last saw h walive on Uch he, 1921,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	
(a) Trade, profession or	Franctien bith (7/2 mor.)
particular kind of work	
(b) General nature of industry	2 /
business, or establishment in which employed or (employer)	(Duretion) yismost.ds.
	Contributory
9 BIRTHPLACE (State or country) Mo	Secondary
I 10 NAME OF ()	(Durstion) yrsmosds,
FATHER Joshua M. Smith	(Signed) M. D.
11 BIRTHPLACE	Olate 10 1931 (Address) Werly town
9- 4	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Z (State or country) MC	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Villegen Darry Rook	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE SC	ients or Recent Residents)
of MOTHER ()	At place of death yrs mos ds. In the State yrs mos ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	if not at place of dea.h?
1 (Jaluar) M. Amello	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Union Torolge	John Willy Cameling Nov. 11 , 1931
	20 UNDERTAKER ADORESS
15 Filed Nor / 193/ Macufu orc	Albarra Powett a Lebertylowa
1 / Registrar	The to De Hallmark
If more blanks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

A 1 A 4 140

(Approved by U. S. Census and American Public Health Association.)

er," etc., household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken nner, (b) Cotton mill; (a) Salesman, (b) Grocery.
Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> lelanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) approved by Committee on Nomenclature Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) affection need not be and consequences (e. g., sepsis, Example: Measles (disease valvular heart disease; etc. The contributory

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B * 2 - 9

14

N. B.

PLACE OF DEATH	13158 STATE OF MARYLAND
County Triderich 94	CERTIFICATE OF DEATH
not Plant pt	Registration Dist. Na/3/2
Village or City Mt. Ilsant (No. P. Z. 2 2FULL NAME Z. Man 3.4	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stand of streat and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wildows (Writs the word)	16 DATE OF DEATH , 198 (Month) (9.5 (Day) 73/ (Year)
6 DATE OF BIRTH Solution (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 198 to 198 to 198 that last saw h Analivo on 1924
75 yrs. / mos. 27 ds. or min.?	and that death occurred on the data stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Myma / Status
which employed or (employer)	Contributory (Durstion) yrs mos ds.
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	(Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Si
OF MOTHER (State or Country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmos,ds. Stateyrsmosds. Where was disease contracted, it not at place of death?
(Informant) Mrs Millard Crum (Address) Frederick, Md.	Former or usual residence
Filedel - M. 198 (Saf Meluely Registra;	ms. K. G. Putman Walkersvil
If more banks are meeded, addra.s Ltate lyegistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Automobile factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart fautre," "Insemorrange, "Shock," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Iaemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; (name origin; "Cancer" is lcss definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease ctc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N N

1 PLACE OF DEATH	13159 STATE OF MARYLAND CERTIFICATE OF DEATH
County Frederick	Registration Dist. No. 139
Village or City Sabellacull (No. 2 FULL NAME Mary Louise Stem	St: Ward) (If death occurred in a hospital or institu- ion, give its NAME in- tend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX PEMALE A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH Assaults (Month) (Day) (Year)	
If LESS the l dayh	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Cerebral hemorrhage (Duration) yrs. mos 3, ds.
which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary Secondary Secondary Secondary Secondary Secondary Secondary Secondary Muraton M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland OF MOTHER	Nov. 24, 19231 (Address). Summit, Pa. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
18 BIRTHPLACE OF MOTHER (State or country) Manyland	At place of death Mrs
(Informant) Salalasull	Former or usual residence
Filed for 25 1981 le A Stein Rogistrar	20 UNDERTAKER ADDRESS M. L. Oreaga Stan Thursont my
U more blanks are needed, address State Regists	rar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; ad littonal line is provided for the latter statement; it business, that fact may be indicated thus: Farmer (re or given up on account of the DISEASE CAUSING DEATE. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, House. household only (not paid Housekeepers who recelve a laborer, Farm laborer, Laborerer." etc., Never return "Laborer," "Foreman," "Manager," "Deal. worked on may form part of the second statement. should be used only when needed. As examples: (a) neture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, sapecially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health wistever, write None. stred 6 yes.). (a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But ln many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or 41 Home, and children, without more precise specification as Day For persons who have no occupation If the occupation has been changed -Coal mine, etc. Womnot gainfully em-The material The ques-

Blacoment of Cause of Death—Name. Arst. the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronohopneumonia ("Pneumonia")

ture of the injury, as fracture of skuli, and consement of cause of death approved by Committee on head of "contributory." Nomenciature of the American Medical Association.) quences (e. g., sepris, tetanus) may be stated under the Poisoned by carbolic acid-probably sulcide. The natrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Karasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 dr.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, pertionaeum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuderoulosis of lungs, men-"Uraemia," "Weakness." etc., when a definite disease vulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MINANS OF INJUBI "Debility" ("Congenitai," "Senlie," etc.), cough; Chronic valvular heart disease; (Recommendations on state-Example: Measles Struck by railway "Соша." Measles; (second-(disease "Con-

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4

1931

STATE OF MARTEAND	CERTIFICATE OF BEATT
1. PLACE OF DEATH (21d	19100
County Frederick	Registration Dist. No. /2/=
Village or City Forederief-City Hospital	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or law where death occurred yrange mos.	
2. FULL NAME O, Spencer Stull	
(a) Residence: No. New Market. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
5a. If marriad, widowad, or divorced HUSBAND of	(month) (bay) (1861)
(or) WIFE of Mrs. Ells Stull	22. Not HEREBY CERTIFY. That I attended deceased Irom
6. DATE OF BIRTH (month, day, and year)	I last saw hum alive on Nov. J' 1931; death is said
7. AGE Yaars Months Days if LESS than	to have occurred on the data stated above, at
64 7 2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Iollows:
8 Trada prolaccion or particular	Frankure skull Date olonset
kind of work done, as SPINNER, Farmer,	Crushed chest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last workad et this occupation (month end	moritand, oiled 20 minutes
work was done, as SILK MILL, SAW MILL, BANK, atc	after admission
Shaut in this	
year) occupetion	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country) Maryland	
13. NAME Lewis Stull	
13. NAME Jewis Stull 14. BIRTHPLACE (city or town)	Name el operation 🗶 Date ol 💢
(State or country) Maryland	What test confirmed diagnosis? Licity Wes there en aulopsy? N
15. MAIDEN NAME Annie Derville	23. If death was dua to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city er town)	Accidant, suicida, or homicide? Assistent Date of injury Nov-5/19 3 1
Stete or country) Mass Church	Where did injury occur? New market. Ind
elite tetino para	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT QUALA COLLEGE CONTRACTOR (Address)	On state No and A
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Ron into snorth con tou
Mr. Place glarlesuille Data (1- 5- 193/	Nature of injury Price the Rome Wall
19, UNDERTAKER W. East alconer,	24. Was disease or injury in any way ralated to occupation of daceased? 140
(Addrass) hera Market	If so, spacily
20. FILED 7- New 1403 1 oral mcCurly Registral	(Signed) M. D. (Addrass) F! / Select M. D.
If more blanks are needed address Seets Philippe	N Chalacter Phi Paris N

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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	Example I		Example II		
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	onows.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 4 1901	July 5, 1927	Peritonitis	3 days ago	
	BURRAU T. S.				
Other contributory caus	ses of importance:	3	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING W. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13161
county Frederick	Registration Dist. No. 137
Village or City Sibertylown	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Sovaal	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH // 24, 193/ (Month) (19ay) (Year)
5a. If married, widowed, or divorced HUSBAND of Mertha & Swedner Decom	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Left- 9-1840	Mast saw him afive on Nov 24 ,1931; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et !!!! 6 m.
9/ 2 23 or roin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	artaris-Sclerosis Shekno
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 3 radustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (mark and	
10. Date deceased last worked at this occupation (months and year)	
12. BIRTHPLACE (city or town) Mrd. (Silverlytown) (State or country)	Other Contributory Causes of importance:
I 13. NAME Basil Sweadier	
13. NAME Sasel Surcalus 14. BIRTHPLACE (city or town) (State or country)	Name ef operation Date of
	What test confirmed diagnosis? Was there an autopsy? 270.
15. MAIDEN NAME Sugar A. Collaberry. 16. BIRTHPLACE (city or town) Md.	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?, 19, 19
O 16. BIRTHPLACE (city er town)	Where did injury occur?
17. INFORMANT Roseos Suraduar Md. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Tansant Centh, Date Mr 26, 1931	Manner of injury
19. UNDERTAKER Popull 1 allaugh	24. Was disease or injury In eny way releted to occupation of deceased?
20, FILED Noy 24, 1981 The Curfusian Registrar.	(Signed) Da W. Beally M. g. (Address) Lebertylown, M. J.
	2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerasis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	1000			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastraenteritis	1 year	
			7	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City New Market (No	Registration Dist. No. / 38 St.: Ward) A Chomas Registration Dist. No. / 38 (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH / W. 6 , 1931 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw here alive on 1994.,
7 AGE If LESS than I day hrs.	
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) / yre. mos de.
9 BIRTHPLACE (State or country) Mary and 10 NAME OF FATHER Edward E. Mornas 11 BIRTHPLACE OF FATHER (State or country) New Jersey	Contributory Secondary (Sigled) *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Mother)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
(Address) Hew Market Wife, 15 Filed//- 7 193 Vucian K Faloner Registrar	19 PLACE OF BURIAL OR REMOVAL Mary London 20 UNDERTAKED ADDRESS New Market

MARGIN CIANS should state CAUSE CF DI WRITE PL Every it V. S. No. 1 N. B.

EXACTLY, PHYSI-

stated

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FOR

RESERVED

-THIS supplied

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If more banks are needed, addre.a State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quostired 6 yrs). For persons who have no occupation additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Grocery;

Striument of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosjinal meningitis"; Diobtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," use of "Tumor" for malignant neoplasms); Measles, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; "Heart failure," Chronic valvular heart disease; etc. The contributory " Haemorrhage,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy 1		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis .	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.49

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc., But in many tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healththe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Salesman. person, irrespective of (b) Grocery;

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	* 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
			+	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL:	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

	Registrati	ion Dist. No. / &	4/=
No.		St.	Ward
death occurred in a hospital or insti			
us. now long in u.s. ii	or roreign bittir:	yr\$	MOS
St., Ward.	If nonresid	dent give city or town	and State
MEDICAL		TE OF DEAT	
21. DATE OF DEATH			
	Non	- 24	. 193 /
	(Month)	(Day)	(Year)
22. AIHEREB	Y CERT	IFY, That I atte	nded deceased from
Nu1/02	1.195/ . 10	Nove	193/
I last saw he aliva on	NW	9 3 19	3 (; death is said
to have occurred on the date sta	tad above, at_8	-00 Am	
The PRINCIPAL CAUSE OF BE	ATH and related	causes of importance	,
ware as unions.	1 1/	Allona.	Date of onset
two	1	Comme	10
1XXX	0 -	1	John
of the	ARM	2/	M
OP IX	100	,	
Other Contributory Causes of im	no dance		9
Other Contributory Cardics of the	1 1		
10000	Vila		
Nama of operation.	1	Data	of
What test confirmed diagnosis?_			e an autopsy?
23. If death was due to external o			
Accident, suicida, or homicide	Yellah	Date of injury	G-17-31
Where did injury occur?@	470000	e Mark	74-,10
7	USpecity cit	or town, county an	d Stale)
Specify whather injury occurred	III INDUSTRI, II	HOME, or in PUBLI	Man
Mannar of injury	w.	Cel "	1
Chr.	und 1	1 miles	
Natura of injury	welly	1 griff	Vo
24. Was disease or injury in any	way related to o	ccupation of decaasa	17.10.
If so, specify		- Ned	110
(Signed)	m/ / //		M. D.
(Addrash)	/	V //	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921 -	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUDBAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Hedges

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Village of Dity To ackey Sfirings (If death occurred in a hopital or institution, give its NAME instead of street and sumber) Length of residence in city or town where death occurred 2 5 yrs mos ds. How long in U. S. It of foreign birth? yrs mos ds. 2. FULL NAME Months Without	County Firederich	Registration Dist. No. /3/	
(a) Residence: No. Stocky Charlings St., Ward. It nonresident give city or town and State		ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)	
Comparison of shoots	2. FULL NAME Moartin & Witz	ner	
3. SEX 4. COLOR OR RACE No RIVERCED Curie the word) No RIVERCED Curie the word) So. II married, widowed, or divorced HUBBHEW B. II married, widowed, or divorced HUBBHEW B. DATE OF BIRTH (month, day, and yeer) C. DATE OF BIRTH (month, day, and yeer) S. STRUCK, Days II LESS then I day. hrs. to have occurred on the delts and sove, et. 9 - 13 h. death is seid to have done, as STINKER, bookkeeper, etc. S. AGE Trida, profession, or particuler kindly work was so as STINKER, bookkeeper, etc. S. AWER, BOOKKEEPER, etc. S. AWE	(a) Residence: No. Rocky Shrings (Usual place of abods)		
More White OR DIVORCED (which the word) 5. It married, widowed, or divorced (Month) (Day) (Yeer) 5. It married, widowed, or divorced (Month) (Day) 6. DATE OF BIRTH (month, day, and yeer) Oct 15 1873. 7. AGE Years Months, Days It LESS then the delay stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the dela stated above, at 9 19 31; death is seid to have occurred on the seid in the seid to extend on the seid o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
HUSBAND of (as) WHEFE BY CERTIFY. That I ettended decessed from I for the control of the control	Moale White OR DIVORCED (write the word) So. It married, widowed, or divorced	Nov 19 1931	
7. AGE Years Months, Days II LESS then 1 dey hrs. or min. 8. Trade, profession, or particular same and the same as prince and same as prince as the same as prince as prince as the same as prince as prince as the same as prince a	HUSBAND of	Oct 20 ,1931, to nov 16 ,1931	
8. Trade, profession, or particular kind of work done, as SPINNER, Trade, profession, or particular kind of work done, as SPINNER, Trade, profession, or particular kind of work done, as SPINNER, Trade, profession, or particular kind of work done, as SPINNER, Trade, profession, or particular work done, as SPINNER, Trade, profession, prof	6. DATE OF BIRTH (month, day, and yoer) Oct 15 1873.	I last saw h alive on New 14 , 19 37; death Is seid	
Strade, profession, or particular strainment and strain of work one, as SPINING. The control of work one, as SPINING. The control of work was done, as SPINING. The control of the c	58 1 4 1 dey,h	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence	
Dither Contributory Causes of importance: 12. BIRTHPLACE (city or town) Wolfeswille (State or country) Sheavyland Acuta Dulatation (Caushia) 1th 13. NAME David Wittnex 14. BIRTHPLACE (city or town) Fronterick loo (State or country) Moaryland What test confirmed diagnosis? Westhere an europsy? 15. MAIDEN NAME On Not Senow (State or country) Moaryland (9) 16. BIRTHPLACE (city or town) (State or country) Moaryland (9) 17. INFORMANT Moary Sharings 18. BURIAL, CREMATION, DR REMOVAL Place Datable Loam Dete Now 22, 1931 19. UNDERTAKER Thomas T. Thiele (Address) Forderick Mode: 19. UNDERTAKER Thomas T. Thiele (Address) Forderick Mode: (Signed) H. Lathruff M. D. 10. State or country in eny wey related to occupetion of decessed? 11. Signed) H. Lathruff M. D. 12. BIRTHPLACE (city or town) Garderick Mode: (Signed) H. Lathruff M. D. 13. NAME Datable Caushing Caush	Windustry or business in which work wes done, es SILK MILL, Own Fram. SAW MILL, BANK, etc	Chr. Valrular disease a 20 year	
13. NAME David Withner 14. BIRTHPLACE (city or town) Rockerick loo (State or country) Moaryland What test confirmed diagnosis? Westhere an europsy? 15. MAIDEN NAME 200 not kenow 16. BIRTHPLACE (city or town) (State or country) Moaryland (9) 17. INFORMANT Most Moary Witner (Address) Rocky Syrburgs 18. BURJAL, CREMATION, DR REMOVAL Place Doubly Loem Dete Nov 22, 1931 19. UNDERTAKER Thomas T. Trice (Address) Forderick Mod: 19. UNDERTAKER Thomas T. Trice (Address) Forderick Mod: (Signed) H. Jahruff M. D. (Signed) H. Jahruff M. D. (Signed) Manner of Injury in eny wey rolated to occupetion of deceesed? (Signed) M. D.	year) 1931 occupation 40 12. BIRTHPLACE (city or town) Wolfes welle		
(State or country) (Specify city or town, county and State) Specilly whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) (Address	13. NAME David Withner	- houte Vilatalian (Cardia) 1 kg	
15. MAIDEN NAME CO not benow 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mos Mary Witner (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Doub Losm Dete Nov 22, 1931 19. UNDERTAKER Thomas T. Toice (Address) 19. UNDERTAKER Thomas T. Toice (Address) Tocker (Signed) Tocker (Signed) Mannor of Injury (Signed) Tocker (Signed) M. D	14. BIRTHPLACE (city or town) Frederick Co (State or country) Moaruland		
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT Most Mary Wittness (Address) Moschy Syrburgs 18. BURIAL, CREMATION, DR REMOVAL Place Doubs Losm. Dete Nov 22, 1931. 19. UNDERTAKER Thomas F. Thice (Address) Fooderick Mod: 20. FILED Lost 1, 1931 Thyllings (Specify city or town, county and State) Specily whother injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER Thomas F. Thice (Address) Fooderick Mod: (Signed) The Talking M. D. (Signed) The Talking M. D.			
18. BURIAL, CREMATION, DR REMOVAL Place & Dottle & Losm. Dete Nov 22, 1931. 19. UNDERTAKER Thomas To Thice (Address) Fooderick Mod: 24. Wes disease or injury in eny wey related to occupetion of deceesed? Il so, specify (Signed) The Labrury M. D.	17. INFORMANT Mos Mary Witmer	Accident, suicide, or homicide?	
(Address) Froederick Mod: II so, specify 20. FILED 2/ Stor 131 & Mything (Signed) H. L. Fahrny M. D	18. BURIAL, CREMATION, DR REMOVAL	/	
20. FILEDO TON, 197 Y Williely		Il so, specify	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	Registrar.	(Address) I reduced med	

17 6 second St

PUREAU

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done,

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

estating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, at Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchanics and wholesale merchanics. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ciallstones Ciallstones	ELGI, I yold	Other contributory causes of importance: Gastroenterities	I year
Cerebral hemorrhage	7201,3 ylul	Peritonitis	obe shop g
Chronic interstitial nephrilis	IZGI	Kun over by street ear	obv goon I
Arterioselerosis	2161	Mack of epilepsy	obv yoon I
The principal cause of death and related causes of importance were as follows:	teano lo eted	The principal cause of death and related causes of importance were as follows:	feano to etsol
Example 1		Example II	7.8-

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 13168
1. PLACE OF DEATH	2-0.
County brillynck	Registration Dist. No.
Village or City Strutylawn	NoSt.,Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Paramond Him Thries	PL
(a) Residence: No. I will be to town . DM	of St. Ward.
(a) Residence. No. 1/ September 20 Sual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nate 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (price the word)	21. DATE OF DEATH Mov. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Carne Angli	Jan. 2 1924 10 Mov 18 19031
6. DATE OF BIRTH (month, day, and year) 1876 - May 30	last saw harmalive on Hov, 16 , 195/; death is said
7. AGE Years Months Days I! LESS than	to have occurred on the date stated above, at 10- 1-m.
5-5- 5- 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Merekaut SAWYER, BOOKKEEPER, etc.	Endocardilis, valvular
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (megth and	discour 1928
10 Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation 24 473	
71./ ++	Other Contributory Causes of importance:
12. Birthplace (city or town) (State or country)	
13. NAME John Thicks	
13. NAME John May 14. BIRTHPLACE (city or town) Md	Name of operation Date of
(State or country) Md,	What test confirmed diagnosis? Was there an autopsy? 200
15. MAIDEN NAME Loretta Turale	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Consta Trusple 16. BIRTHPLACE (city er town) 16. State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Alard Winght (Address) Libral Halen,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Letersepholis Date / Wr 21, 1931	Nature of Injury
19. UNDERTAKER Joyvell & alberth (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED HOLZO , 193 1 71 Cenfueren Registrar.	(Signed) Dra The Agally M.D. (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "inill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CERTIFICATE OF DEATH
Registration Dist. No. / 2/=
NoSt., Ward of death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
22. I HEREBY CERTIFY. That I attended deceased for 12 1931, to Nover 23 193
to have occurred on the date stated above, et 1.30 Q, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
Other Contributory Causes of importance:
Name of operation
What test confirmed diagnosis?
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury
24. Was disease or Injury In eny way related to occupation of deceased?

CTATE OF MADULAND

CEDTIFICATE OF DEATH

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago
(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	IN
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